LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



<u>Instructions</u>	Postmark Date: 7125 07
 Print in ink or type. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton 	
Range LA 70808, (225) 763-8777 of (800) 842-6630. No fee is required.	SUPPLEMENTAL
 This form must be submitted within 5 days of any changes in your registration 	
form, to add employers or those you represent, or if you cease all activities	500 00
requiring registration. It must be submitted within 10 days of any terminations	
of employment or representations.	
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Citte Rule	SCANNED
11. 1.	
1. NAME PERACUI NORMAN C.	JUL 2 6 2007
Last First MI	(m)
	By
2. BUSINESS PHONE 225-787-3261	
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DISTRICT ATTORES 2566 L 10 FROM NEE ROAD. F	DOS ALLEN CA EMEN !
	(W) NOTEN, OF E 101
Street and No. City State	≥
MAILING ADDRESS	
Street and No. City	State Zip CT TT
4. EMPLOYER NOLMAN C. FERKCHI & 1950C. INC	골 현실:
4. EMPLOTER TOOLAND CO. CO.	75 25
5. EMPLOYER'S ADDRESS 246 I'M FROMABE ROAD,	Dar Aural IN STUTES
5. EMPLOYER'S ADDRESS ONT 19 10 TRIBLIAGE KING	HOME THE WALLE CON THE LAND
Street and No. City	State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes	No 🔏
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or	eliminating; (b) the address of each such
person, group, or organization listed; (c) the type of business each is engaged in or the group; (d) whether or not the client or someone else pays you to lobby; and (e) the de-	e purpose or function of the organization or
group; (a) whether or not the citian of sometime ener large you to looply, and (e) due do	te or termination in appricance.
1. Namo	
Address	
Litheoz	1807 WAS
Business or purpose	
Total and the second se	
New Representation Does this person pay you?	
notes and become hely hore:	
If No, who pays you?	
	*
Terminated Representation as of	

SUPPLEMENTAL REGISTRATION FORM



2. К вте		
Address		
☐ New Remembration		
If No, who pays you?		
☐ Terminated Repres	sentation as of	
3. Name		
Business or purpose	77.23	***
☐ New Representation Does this	on s person pay you?	
If No, who pays you?		
☐ Terminated Repres	sentation as of	

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 ct seq.] has been deliberately omitted.

Mynn C Junhor Signature of Lobbyist

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